

**Minutes
Commission for Mental Health, Developmental Disabilities
and
Substance Abuse Services**

**Brownstone Inn
Raleigh, NC**

Monday, August 7, 2000

Commission Members Present

Emily Moore, Chairman, Lou Grubb Adkins, Lois Batton, Dorothy Crawford, Mansfield Elmore, Jeanne Fenner, Pearl Finch, Albert Fleet Fisher, Wymene Valand, Ken Gerrard, Dr. Paul Gulley, Judy Lewis, Martha Maconm, Martha Y. Martinat, Floyd McCullouch, Pender McElroy, Tom Palmer, Raymond Reddick, Mokie Stancil, Freddie Turner Stell, Dr. Bruce Whitaker, William Sims, M.D., Pat Chamings

Commission Members Absent

Joe Coulter and Geroqe Jones (excused) - Wymene Valand(not excused)

Commission Staff Presnt (DMA/DD/SAS)

Dr. Iverson Riddle, Dr. Art Robarge, Tara Larson, Charles Davis, Michelle Cotton, and Marilyn Brothers

Others:

Barden Corimes(Wake Co. Human Servies), Charlotte Jordan(DMH/DD/SAS), Mario Moraga(American Addiction Treatment Inc.), Ken Helton(DMH/DD/SAS), Kyle Fay(DHHS/Budget), Diane Pomper(AG's Office), Philip Veenhuis(DMH/DD/SAS), June Cummings(DMH/DD/SAS), Tony Mulvilhill(ADCNC), Susan Robinson(DMH/DD/SAS), Pat Poter (DMH/DD/SAS), Flo Stein (DMH/DD/SAS), Dr. James Blackley(DMH/DD/SAS), Carol Duncan-Clayton (NC Council), Janet Schanzenbach (NC Council), David Swann (Crossroads), Cynthia Temoshenko (GACPD), Bob Hedrick (Providers Council), Richard Meinecke (Recovery Associates), Ron Sunderland (Sandhills Center), Mike Tompkin (New River), Jim Jarrard (DMH/DD/SAS), Mary Eldridge (DMH/DD/SAS), Pet Martin (DMH/DD/SAS), Bill Condron (Wayne Co.), Lee Vanlue (DWI Onlso Co.), Roy Wilson (Neuse Center), Karen Andrews (Pathways), Tom McDevitt (Smoky Mountain Center), Jim Scarborough (NC SA Project Board), Jim Osberg (DMH/DD/SAS), Dan Jones (Onslow Behavioral Health), Ann Christia (NCSAPCB), Adam Robinson (NCSAPCB), Jean Overstreet (NC Council), Lucy Dorsey (Randolph Co.), Mazie Fleetwood (Randolph Co.), Stan Slawinski (DMH/DD/SAS), Don Willis (DMH/DD/SAS), Ray Bullard (B&G Associates), Bill Herr (Davidson Co. AMH), Ann Rodriguez (NC Council)

Handouts:

- May 8-9, 2000 Commission Minutes
- Rules Committee member list
- Advisory Committee member list
- July 6, 2000 Advisory Committee minutes
- July 26, 2000 Rules Committee minutes
- Advisory Committee Proposals
- DWI Rule Revisions Draft
- Randolph Waiver Request
- VWGF Area Program Waiver Request
- Dorothea Dix Hospital Admissions and Discharges chart
- Summary of State Hospital/ADATC Utilization for FY 99-00
- Developmental Disability Services Section update
- July 31,2000 public meeting invitation letter from Dr. Bruton

- Olmstead Fact sheet
- Olmstead Public Meeting list
- Review and Analysis of Olmstead v L.C.
- DMH/DD/SAS Olmstead Planning Process
- Olmstead Steering Committee list
- June 7, 2000 County of Cumberland Co.letter
- Commission Resolution in response to DD Division
- Sandhills Center rule of support letter of DWI Rule
- Substance Abuse proposed rule change
- Study of State Psychiatric Hospitals and Area Mental Health Programs
- NC Youth Action Plan

Call to Order

The meeting was called to order by Chairman Emily H. Moore. Chairman Mrs. Moore gave the invocation.

Approval of Minutes

Commission minutes for May 8th, were approved as mailed, the second day (May 9th) was not mailed. A motion was made for May 8th minutes by Dorothy Crawford and second by Freddie Stell. The motion passed unanimously.

Mrs. Moore informed the Commission that Charlotte Hall was going to be out for an extended length of time, therefore, the mailing was not mailed in a timely manner and the minutes were not finished. Mrs. Moore apologized to the members for the materials not being mailed in a timely fashion.

Special Remarks

Mrs. Moore welcomed Pat Chamings back as a Commission members. Pat Chamings is replacing Patricia Gill-Gather. Mrs. Chamings is serving a four-year term starting June 2000. Joe Coulter will not be attending this meeting; he's out of town. The candidates for Governor were issued an invitation for this meeting. Mr. Mike Easley office responded, "Mr. Easley could not fit it into his schedule, expressed he was sorry that he could not be at the meeting". No, response was received from Mr. Richard Vinroot's office.

Mrs. Moore acknowledged the February meeting questions of concerns for Dr. Bruton. Dr. Bruton responded to the questions and the letter was mailed to commission members.

Mrs. Moore would like for Dr. Bruton to address:

- What about the dollars title in IVA-EA taken out of the area program?
- It was pointed out that they were 167 mandated reports, 41 licensure reviews, 16 audits/inspections and abundance of reporting. Can something be done to bring this in line with the COA?

Office of the DHHS Secretary Report – Dr. H. David Bruton

Legislative Update: “The last session (long and short) was a productive session. Money was tight. When you add it up the cost of the revenue stream of appropriately 1.5 billion from the tax cut from the last three years, the lawsuits cost appropriately \$9million and \$836 million from the flood release. Appropriately \$3.4 billion dollars off the top in spending, that is a sufficient difference off the top from a \$14 billion budget operation. DHHS had to budget receipts to assist in the budget shortfall. In the past this was not budgeted and was available in running the operations. Medicaid trust fund was taken down, a little over one hundred million dollars, which provided flexibility as the changes in Medicaid occurred.

Despite the budget restraints, the Legislators allocated \$4 million new community MH services, \$8million for Child Residential Services, \$500,000 million new for atypical antipsychotic drug, \$1.2 million for Autistic unit at Murdock, \$3million for bridge funding to try to implement the Olmstead Decision. Legislators did passed the MH Reform bill in establishing the Oversight Committee. The Oversight members will be announced on August 15, 2000.

In addition the new restraint bill was passed, the new child residential services initiative was started and special language on Willie M and Thomas S. The labels were removed from the law, which should allow the flexibility to better serve and better used the funds available. There are some conditions outlined in the two bills (WillieM and Thomas S) on how the money can be used”. Commission members will receive copies of the Legislative Action during Michelle Cotton’s report on Tuesday.

Dr. Bruton continued to report that the PCG Study recommended a separate division for Developmental Disabilities. The department was directed by the Legislators to study the issue and report the outcome. The Legislators are interested in the relationship between Area Programs, Community Providers and the state. Dr. Riddle has convened a small group to look at the questions of the organization of our services to Developmental Disabled clients and to make an recommendations. This will be reported to the Oversight Committee.

In addition to the above, Dr. Bruton reported on the planning after Olmstead. “In June 1999, the U.S. Supreme Court issued an historical ruling that directly affects the provision of services to individuals with disabilities and their rights under Title II of the Americans with Disabilities Act. Olmstead v L.C. clearly

has potential impact on North Carolina and its citizens with disabilities. The Department of Health and Human Services has begun an initial planning process to address the issues associated with the court's ruling and to assure that our current efforts comply with Olmstead. The Olmstead Planning activities are under the leadership of Steve Davis, Asst. Secretary for Community/Relations. There will be public meetings across North Carolina beginning in August 2000, to hear more about the state's plans for addressing the Olmstead ruling:

- August 15, Raleigh (Sheraton Imperial Hotel, RTP)
- August 16, Greenville (East Carolina University)
- September 20, Charlotte (Wallace H. Kuralt Center)
- October 4, (Buncombe County Health Center)

All public meetings began at 6:00 pm – 9:30pm.”

Other Legislative changes were made in the Medicaid and Health Choice Programs. Medicaid Nurse Practitioners will be added as providers. Section 11.5 Authorized Licenses/Certified Psychologist, Certified MH Nurse Practitioners, Institutional Providers for Residential Services for Children, Psychiatric Residential Treatment Services for Children and Licensed Clinical Social Workers to provide MH services directly for children eligible for EPDST services. Health Choice for children with special needs the 60 day waiting period has been waived.

Dr. Bruton reported that IVA-EA questions have been rectified. This program is in the past. Other states were claiming emergency assistance funds and getting paid through IVA-EA money. North Carolina established a billing fund to get the federal government to participate. The Federal Government approved a provision in the State Plan. The State Plan did not have the word retroactive plan, in the State Plan. The Inspector General Auditors came in and audited all plans and state”96% of claims were disallowed”. These disallowances were based upon old manuals to support their findings. North Carolina has hired a law firm to defend our position. Dr. Bruton doesn't think the state will have to pay back the million of dollars they are seeking. The IVA-EA money, the state will probably have to pay back some of the money, due to lack of adequate documentation. Dr. Bruton thinks, “all services was administered to client”, but we can't prove it. Assistant Secretary Jim Edgerton is anticipating that some pay back will need to happen and area program fund balances will need to be used.

DWI Rules Presentation

Maryilyn Brother referred Commission members to the handout on DWI rules provision draft and introduced Pete Martin, with Substance Abuse Services/DWI section. Mr. Martin gave a presentation on the proposed DWI rules. The proposed DWI rule plan is to set forth procedures for providing, supervising and reporting DWI substance abuse assessments and the treatment and education provided to DWI offenders. Assessments may be sought either voluntarily on a pre-trial-bases, by order of the presiding judge and as a condition for driver license reinstatement. These Rules apply to facilities that conducts DWI assessments and alcohol and drug education schools or treatment. In order to perform DWI assessments, a facility shall be authorized by the DMA/DD/SAS to provide services to this population and licensed by the State to provide services to individuals with substance abuse disorders.

DWI Public Hearing

The following individuals spoke at the DWI Public Hearing:

Ron Sunderland with Sandhills Center: We support this rule change. The provisions concerning the re-definition of the minimal subject content and the abolition of the unnecessary and often misunderstood requirement for re-evaluation after nine months are particularly welcome. However, there are two provisions which we think are excessive and would create a situation in which, in one case, compliance would be almost impossible and in the other unwise. The first of these is the last, and unnumbered, paragraph of the rule .3817(d). As written, it requires individuals who conduct and/or supervise DWI Substance Abuse Services to complete at least 12 hours of DWI-specific education within each two-year period.

In addition, 3808, Qualifications of Individuals Performing Assessments subsections (2) and (3), contains wording added after the public comment period, and be registered with the North Carolina Substance Abuse Professional Certification Board. (Refer to Sandhills Center comments to DWI Rules)

Ann Rodriguez, North Carolina Council for Community Programs and Bill Herr, Davidson County Area Program

Referred to Dorsie Ward letter, who is the Chair of the Substance Abuse Sub-Council to Emily Moore concerning, the rule .3816 change (Services for Non-English Speaking Offenders/Clients). The Executive

Committee of the SA sub-council identified this area as a concern for Area Programs. The resources at this time are not available in the community to carry out this rule change. After, meeting with Pete Martin and Flo Stein the Division has agreed to pull this particular rule change and consider it at a later time.

Mr. Martin has agreed to take a look at this section to determine how adequate services can be provided to the Hispanic community. Most rural areas do not have the staff to assist non-English speaking clients. Also lack of service personnel to provide services and lack of funds to pay employers.

Mike Tompkins, New River Behavioral Health Care: Their caseload with DWI for treatment runs 20-25%. Support the DWI rules. At the present time, Mr. Tompkins does not support the Bilingual rules.

Rich Meinecke, Recovery Association, Moore County: The general intent of these rule changes are good and believe most of them will improve the system. Mr. Meinecke expressed .3807 (section c) needs to be looked at by the board. *In addition to the clinical interview, the clinician performing the assessment shall administer to the individual, an approved standardized test and must review the complete driving record as defined in the .3805 in this section, as well as verify the alcohol concentration reading at the time of arrest.*

This is a difficult requirement to meet especially when you see people before they go to trial. The clinicians job is to develop information that will help make an informed decision whether or not the individual being assessed meet the clinical criteria.

Barden Grimes, Director for Wake County Court Services/Division of Human Services:

Barden Grimes was part of the committee who established these proposed rules. Mr. Grimes pointed out some technical changes: .3805 (section 8) change DSM-IV to DSM. Marilyn stated, this change can be made in the Administrative code, 3807 (section b) line 10 revised .0316 to 0838, 3811 delete line 19 and 20, 3814 (section d) line d revised 18F.0315 and 0317 to 14V.3807 and 3810, 3816 (line 22) delete either, 3817 (section d) line 18 change IV to V and line 19 “E” and the title should be in bold “Training and Continuing Education”. Also, 3808 line 17 delete or and add “and”, 3805 line 19 adding and/or after disabilities a period after illness and deleting remaining of sentence, 3810 title “Responsibilities of Treatment for ADETS and Treatment Providers should read “ Responsibilities of ADETS and Treatment Providers, and 3810 (section e) should read “When the court determines that an individual shall receive services, such services shall be provided by a facility licensed by the State of provide services”, 3812 (section a) completed should be initiated. Mr. Grimes support all the proposed rules, with the exception to the Grandfather clause in .3808.

Mario Moraga, American Addiction Treatment Services for Latinos

Addressed .3816 - Services for Non-English Speaking Clients. Mario Moraga expressed his concerns for the lack of resources for the Latinos community. Mr. Moraga expressed, “ by changing this rule, successful outcomes will come”. Mario Moraga does approximately 800 substance abuse assessment in Spanish each year. The public sector only does a 3rd of them in Spanish and 2/3 in private sector. By passing these rules, it will allow the Latinos clients (DWI offenders) the opportunity to receive proper assessment and treatment services.

Adam Robinson, Ethics Chairperson, North Carolina Substance Abuse Certification Board:

When the period of public comments was opened our board asked for some changes. The reasons are half of our ethics cases involve the DWI process. Most of the people doing assessment are not certified people and don't know the code of ethics. Many clients don't know where to go to make a code of ethics complaint. We are asking, that each of the people serving that assessment role be registered with the Certification Board. This does not mean they need to carry a clinical caseload, it does not mean they are certified as a substance abuse counselor, it only means that they signed the code of ethics. The Certification Board wants to support the inclusion of registration to the board of part of being necessary.

Tony Mulvihill, Alcohol and Drug Council of North Carolina: Mr. Mulvihill expressed his concerns regarding the interpreter issues. Mr. Mulvihill suggested to the Commission they turn to the their general council and find out exactly what the status of a driver license. It is a privilege not an entitlement. These comments concluded the Public Hearing on the DWI Rules.

Waiver Requests

Marilyn Brothers presented the Randolph Waiver Request for 10NCAC 14V.0501(7) and the Area Program of Vance, Warren, Granville and Franklin Counties waiver request for of 10 NCAC 14V.5702(a)(2). The Area Program of Vance, Warren, Granville and Franklin Counties waiver will enable the area program to begin the implementation of the Assertive Community Treatment Service (ACT) which is needed to expand treatment and monitoring services for the mentally ill. VWGF area board approved this waiver request. The Division supports this waiver. On behalf of Randolph Area Program, Mazie Fleetwood, Director addressed the commission members. Randolph County Area Program is requesting a waiver of

the rule, which requires there are programs to provide Development Day Service for Preschool Children. This program has been operating in collaboration with the Randolph County Schools and the Ashboro City Schools for a number of years. Both school systems have joined together and received additional funding from Smart Start and would like to set up development day program in one of their schools. The area board meets on July 27th, and reviewed this issued and agreed to transfer the program to the Asheboro City Schools pending getting a waiver from this service. The Division supports this waiver. The Commission will act on both waivers on Tuesday.

Discussion followed.

Developmental Disabilities as a Separate Division (Pat Porter, Chief)

Pat Porter, Chief of Developmental Disabilities provided the Commission members an overview of the issues surrounding the proposal of new Developmental Disabilities Division. The State Auditor office was directed by the Legislators to make a comprehensive study of Mental Health and Substance Abuse systems in North Carolina. The Auditors contracted with Professional Consultant Group (PCG) who examined the system at all levels and came up with recommendations for MH/SA services. The Secretary (Dr. Bruton) directed that DD should be included. PCG sub-contracted with Human Services Research Institute (HSRI) to examined Developmental Disabilities section. The executive study from this report was provided. The only DD recommendation was that the state should establish a separate division for developmental disabilities. The General Assembly; the Secretary and most of the stateholders are on record in accepting the recommendations in the PCG report. An outside expert agency thoroughly reviewed and analyzed the proposal to separate Developmental Disabilities section. HSRI recommendations that DD should be located in a separate/partner with the Division. A separate DD division does not infer a disconnection from the Area Programs or new division and the local division of services. Discussion followed by Commission members.

Rules Committee Report (Pender McElroy)

The Rules Committee met on July 26, 2000 in Raleigh. Mr. McElroy presented to the Commission members the statue that makes this commission: “This Commission has the **power/duty** to adopt, amend and appeal rules to be followed in the conduct of state and local mental health developmental disabilities, alcohol and drug abuse programs including education, prevention, intervention treatment rehabilitation and

other related services.” Also, this same statute states, “ **We shall** advise the Secretary of the Department of Health and Human Services regarding the need for provision and coordination of education, prevention, intervention, treatment, rehabilitation and other related services in the area of Mental Illness and Mental Health Developmental Disabilities, Alcohol and Drug Abuse.” Committee goal is to serve the people in the State of North Carolina in the most effective way possible. The Rules Committee minutes were distributed. Mr. McElroy reviewed House Bill 1520 and Senate Bill 1179. The Rules Committee will review these rules in October and make recommendations to the full Commission in November. The Rules Committee will also look at rules in which the Secretary makes, which do not come before the Commission.

Advisory Policy Committee Report (Dr. Paul Gulley)

The Advisory Committee met at the Brownstone Hotel on July 6, 2000. Dr. Gulley reported that this will be an open committee. The Commission members are the only voting members, but invited participation to the Area Programs etc. Dr. Gulley presented for the commission members: Proposals for Consideration by Commission (see attachment). The wording in the last bullet item changed at the morning meeting and the revised copy will be distributed to commission members. A motion was made by Pender McElroy, seconded by Bruce Whitaker to approve the revised proposals. Corrective proposal copies will be available Tuesday.

Olmstead Planning (Don Willis, DMH/DD/SAS)

Mr. Willis provided the Committee members an overview of the Olmstead Decision. Title II of the ADA states that “no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefit of the services programs, or activities of a public entity, or be subjected to discrimination by any such entity. A “public entity” includes “any State or local government” and “any department, agency, (or) special purpose district.

The U.S. Attorney General, under authority granted by Congress, issued regulations implementing Title II. The regulations require a public entity to administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities. The regulations define “the most integrated setting appropriate to the needs of qualified individuals with disabilities.”

L.C. and E.W. brought suit against the state of Georgia in 1995 in federal district court. L.C., who had been diagnosed with mental retardation and schizophrenia, became a voluntary patient in Georgia State Hospital. The staff at the State Hospital made the recommendations that she could be served in the community treatment program. However, she remained hospitalized for a few years after the recommendation was made. An attorney took her case and filed suit. The District Court ruled for the plaintiffs, granting them partial summary judgment. The federal Court of Appeals for the 11th Circuit upheld the District Court's judgment, but sent the case back to the District Court to reconsider the state's argument on cost. The Court of Appeals ruled that when "treating professionals find that a community-based placement is appropriate for the ADA imposes a duty to provide treatment in a community setting – the most integrated setting appropriate to that patient's needs". (Refer to Review and Analysis of Olmstead handout)

The following is the planning process for DMHDDSAS Olmstead Decision: DMHDDSAS has developed a steering committee to establish and oversee planning processes; chair sub-committees; and to put together the final plan. The Subcommittees were established to develop and implement the planning process. The subcommittees include professionals, advocates and family/consumers and are:

- Client Assessment
- Fiscal/Human Resources
- Statutes/Policies/Regulations
- Monitoring/Reporting

(Refer to DMHDDSAS Olmstead Planning Process handout)

Closed Session

The Commission members went into closed session to review a client specific case involving an electric shock waiver. Full report from this closed session can be found in Commission for DMH/DD/SA file book. The Commission has the authority to review the request for the waiver granting/denying electric shock. The parents of the clients requested to present their concerns regarding their son to the Commission at the conclusion of the presentation. Mrs. Moore advised that a meeting be set up with parents, Dr. Bruton, staff and outside mediators. The staff will keep the Commission Members informed as to open dialog between the two parties. Ken Gerrard made a motion that both sides (parents and Western Carolina Center) entered

into the mediation process. This motion was second. The motion recommendation will be forwarded to Dr. Bruton, Dr. Riddle and the family.

**Minutes
Commission for Mental Health, Developmental Disabilities
and
Substance Abuse Services**

**Brownstone Inn
Raleigh, NC**

Tuesday, August 8, 2000

Commission Members Present

Emily Moore, Chairman, Lou Grubb Adkins, Lois Batton, Dorothy Crawford, Mansfield Elmore, Jeanne Fenner, Pearl Finch, Albert Fleet Fisher, Ken Gerrard, Dr. Paul Gulley, Judy Lewis, Martha Maconm, Martha Y. Martinat, Floyd McCullouch, Pender McElroy, Tom Palmer, Raymond Reddrick, Mokie Stancil, Freddie Turner Stell, William Sims, M.D., Pat Chamings

Commission Members Absent

Joe Coulter, Bruce Whitaker and Geroje Jones (excused), - Wymene Valand (not excused)

Commission Staff Presnt (DMA/DD/SAS)

Dr. Iverson Riddle, Dr. Art Robarge, Tara Larson, Charles Davis, Michelle Cotton, and Marilyn Brothers

Others:

Don Suggs (New River), Ray Wilson (Neuse), Bill Rafter (ADATC), Barden Grimes (Wake Co. Svcs.), Ron Sunderland (Sandhills Center), Pete Martin (DMH/DD/SAS), Jim Osberg (DMH/DD/SAS), Phil Veenhuis (DMH/DD/SAS), Diane Pomper (AG's Office), Jim Jarrard (DMH/DD/SAS), Mary Eldridge (DMH/DD/SAS), Lee Hopper (Dorothea Dix), Jean Overstreet (NC Council), Bob Allen (DMH/DD/SAS), David Swann (Crossroad), Ken Helton (SAS/DWI), Susan Robinson (DMH/DD/SAS), Karen Andrews (Pathways), Bob Hedrick (Support Providers Council), Sheila Swift (Mecklenburg AMH), Terry Stelle (Dorothea Dix), Lucy Dorsey (Randolph Co.), Stan Slawinski (DMH/DD/SAS), Jim Scrabourg (NC SA Professional Certified Board), Dawn Cambridge (Governor's Office), Ann Christian (NCSAPCB), and Sam Stell (Contract County Commission)

Mrs. Moore reconvened the meeting and recognized Dr. Iverson Riddle for the Directors Report.

Division Director Report (Dr. Iverson Riddle)

Dr. Riddle announced that Ms. Sherry Harrison, from Chula Vista, California, has accepted the position of Chief of Hospital Services, effective September 1, 2000. Ms. Harrison by training is a nurse. "We are very fortunate to obtain someone with Ms. Harrison's credentials. Her experience includes 20 years in the mental health field, with valuable experience in both service delivery and administration. Ms. Harrison is currently the Mental Health Director of San Diego County, California. Prior to her current position, Ms. Harrison's previous experience included five years as Hawaii's State Mental Health Director. Other work

experience included Associate Administrator and Consultant at Hawaii State Hospital, Director of Ambulatory Services at Hawaii's Wilcox Memorial Hospital, Head of Outpatient Services at Hawaii's Kauai CMHC, Nursing Supervisor and Assistant Director of Nursing at Westminster, California's Community Hospital, and as Director of Nursing Services at California's Anaheim General Hospital. Ms. Harrison received her Nursing Degree at Golden West College in Huntington Beach, California, and her Master's Degree in Mental Health/Mental Health Law from Antioch University, Yellow Springs, Ohio. She has served as a member of the Clinical Faculty in the Psychiatry Department at the University of Hawaii's School of Medicine, and as a board member of Hawaii Residency Programs, Inc., Community Care Services, and Safe Haven, Inc. She has also served as a guest lecturer with the University of Hawaii's School of Social Work. She will be the person in whom our Psychiatric Hospital Directors will report too. The Division has asked the Mental Hospitals to look at their economy of operation. "As each of you knows these are extremely difficult times for budgeting our resources. Not only must we redouble our efforts to make certain that we get the most out of every dollar we spend, but we must look at our spending priority, always searching for options that are cost effective. Indeed, we may find that there are areas in which we can reduce or eliminate costs. On the other hand, there are things that we must purchase and do so wisely. While we are about being more cost conscious, we must not forget that our first goal is to improve our services to those to whom we are committed. HCFA survey results are in and unless there are corrections made in Dorothea Dix; they would not put any more federal money in it after September 27th. If the corrections are not made, we will loose over 6million dollars. We will be pulling in additional help from our other three Mental Hospitals to help develop the plan of correction expected by HCFA". Eight million dollars has been appropriated to create community programs where children can be diverted from Psychiatric Hospitals to the Community Programs. Dr. Riddle further discussed the Child Residential Services passed by the Legislative.

The Legislators did allocate the three million dollars to the Division as requested for the Mental Health in schools. The Division will create twelve different pilot sites for children to be evaluated in school. There will be a team of five professionals housed at the school for observation/evaluation. The second year twenty-four will be added.

On August 29, 2000, Dr. Bruton and Iverson Riddle will meet with the Area Programs Directors, Board Chairs, and others to begin to examine the communication between the parties.

EMILY MOORE - Chairman, Commission of MH/DD/SAS

- Speaking of tension with the Area Programs and Director's office. There is tension also with the Commission of MH/DD/SAS and the Director's office of the Division of MH/DD/SAS. Mrs. Moore wonders why we are adding another person in Raleigh, when Dr. Riddle stated, and I agree there are no consumers in the Albemarle Bldg.
- After a week and a half of waiting for a call to be returned – Dr. Riddle called Mrs. Moore late one Thursday afternoon. It was somewhat a nice conversation and he ended, "let's keep in touch". Mrs. Moore said she would – that was the last of January, right before the February Commission meeting. Mrs. Moore has not heard from him since – except to see him briefly at the February and May Commission meeting and of course today (August 7th and 8th).
- Then in mid April a call came from Dr. Robarge. Dr. Robarge said, "he really didn't know much about the Commission work, he has so much Division work to do and that Tara's office would handle the Commission work".
- All this time, Charlotte Hall and Mrs. Moore, had tried to keep things with the Commission on target and to proceed as best they could. The stress and strain of all of this put Mrs. Hall in the Hospital for the first time.
- Then July 20th, after receiving all the literature and letters from the Stevenson family. Mrs. Moore told them (the Stevenson's) in a telephone conversation that they could come to the Commission meeting, talk of their ordeal, their trail and tribulations, and at least be heard. The Commission has no power to act, but we could advise! Mrs. Hall sent an email to Dr. Porter, Dr. Robarge, Betty Dean, Stan Slawinski and Charles Davis, asking about this situation, due to the "electric shock" issue that the Commission gives a waiver to each year, and know they must know/be aware of the situation and she would like a response ASAP. Mrs. Moore heard nothing from the Directors Office or DD sections and she was putting it on the August agenda. Dr. Porter responded to Mrs. Hall that the Secretary would respond and she would suggest that until he issued that response, it should not be on the agenda. Dr. Porter continued, "the only role for the Commission here related to this young man is the decision to continue the requested waiver or the deny that waiver. This could be posed to them (Commission) with a discussion by the DD section related to this and if Mrs. Moore chooses, comments by the Stevenson's only on this issue". Dr. Porter, stated she did not believe it is appropriate to set the Commission up as a forum for disgruntled consumers, when the Commission has no authority or role in the evaluation of or delivery of services to individual consumers. The Stevenson's have been directed to other appropriate sources of independent evaluation to assess their concern. This was the answer to Mrs. Hall inquiry. Mrs. Moore was not copied on it, but when she received a copy of these

emails, she immediately sent it to Pender McElroy for his legal expertise and insight. Mrs. Moore was needless to say “furious” about this situation. Mr. McElroy responded right away to Dr. Porter “with all due respect, the Commission may have on its agenda any subject that the Chairman of the Commission should deem appropriate. The Commission does not answer to, nor does it have to request permission from the Division staff for what it hears at its meeting”. Mr. McElroy said that he is a member of the Commission with one vote, but feels, he is speaking for substantially all, if not all, members of the Commission. Mr. McElroy went on to say if staff omits this item from the agenda distributed before the meeting, Mrs. Moore still has every right in her capacity as Chairman to have this matter heard. If division staff were more communicative and more responsive to our chairman, we would not be passing emails back and forth. This subject is going on the agenda because Mrs. Moore inquires have been ignored. Mrs. Hall ended up the next day in the Hospital for the second time.

- Mrs. Moore expressed, if she did not get information from the N.C. Council, Area Directors and Institution Directors, she would not have an agenda. There is no “communication” between the Division and the Commission, and this is wrong. Where are the people we serve, in the Area Programs. That’s where my agenda comes from and that’s whom I’m concerned about.
- As for the Auditors Report – at the February meeting in Smithfield for Area Director’s and Board Chairs, the “writing was on the wall”. PCG was hired to do MI/SA, it knew nothing about DD. The DD section was contracted to another entity, by the Auditor’s office to a group who only knew DD and would purpose that a separate division. That was a done deal from the first. The MI/SA took from July 1999 to February 2000, little over 6 to 7 months public hearing, small groups etc. DD had one round of Area Program meetings in February and it by already said “separate division” with less than six weeks of study! WAS THIS NOT A SET UP? Mrs. Moore fully believes it was and there will be a Division of Developmental Disabilities by October 1st. Can Mrs. Moore be wrong, or will the Division wait for the new Governor and the Oversight Committee.
- Mrs. Moore plans not to go home after her meeting today with Dr. Bruton, she need to get ready for a little trip to Los Angeles the end of the week. Mrs. Moore will be serving as a delegate at a large meeting. Mrs. Moore intends to find out what other states are doing in MH/DD/SAS to see how their Department of Health and Human Services and Division MH/DD/SAS are working. There are five states at our hotel and I’m polling them all, she said. There is also a reception/luncheon for county commissioners and department people and I am going to find out more there. Mrs. Moore does plan to get some answers to her concerns about MH/DD/SAS.
- Now since that time, Dr. Riddle sent a letter asking Mrs. Moore to join the study group meeting on DD. Mrs. Moore will stay for that meeting tomorrow. Dorothy Crawford will stay and replace Dr. Gulley since he only can be out of his office just so long. The Commission did finally get Dr. Gulley to the first meeting July 6th. Marilyn Brothers picked him up at the hotel and took him to the meeting and Tara was also included. Which all took place on an invitation to attend at about 5pm the day before the meeting was to take place July 6th. The SAGA of the Division of MH/DD/SAS continues!

Commission Action on Rules and Waiver

Marilyn Brothers introduced Mr. Martin and he presented a summary of the comments heard at the public hearing for DWI Rules.

.3807 DWI Substance Abuse Assessment Element (to remain as proposed)

.3808 Qualifications of Individuals Performing Assessments (will not have the Grandfather clause)

.3816 - Services for Non-English Speaking Offenders/Clients (recommend that this rule be pulled for further study)

Discussion followed.

A motion was made by Pender McElroy and seconded by Jeanne Fenner to accept the DWI rule revision draft .3816 would be pulled as recommended from the proposed rules and address it at the rules committee.

The motion was passed unanimously. The Rules Committee will report to recommendation at the November meeting. A motion to require by Pender McElroy, seconded by Al Fisher was a fiscal impact note regarding .3816 be presented to the Rules Committee.

Marilyn Brothers addressed the two waivers requested:

- Randolph Waiver Request for 10 NCAC 14V .0501(7)

Motion made by Raymond Reddick, seconded by Martha Macon to approve the waiver motion passed

- The Area Program of Vance, Warren, Granville, and Franklin Counties has requested a waiver of 10 NCAC 14V .5702(a)(2).

Motioned made by Martha Macon, seconded by Lou Adkins to approve waiver. Motion passed.

CrossRoads/Broughton Update (David Swann, CrossRoad Area Program Director)

One year ago the Commission members approved a waiver which allowed patients to be transported to Broughton Hospital instead of John Umstead.. The Commission asked for a report after one year of the approval of this waiver. David Swann presented admissions for Crossroad residents. The Commission thank him for the report and requested another report in one year.

Dorothea Dix Update (Terry Stelle, Director Dorothea Dix Hospital)

Dr. Stelle reported that Dorothea Dix was reviewed by HCFA on March 27th – 29th. At the exit conference, staff was informed that one of the major citations was in “Medical Records”. HCFA examined twenty-seven records and found nine were out of compliance. Reasons for out of compliance was failure in staff to follow policies regarding seclusion and restraints, absent of policies for the use of restricted measure and several incidents where doctors did not document in a timely manner services to their patients. Staff is currently working on the plan of correction, which includes total revision to the seclusion and restraint policies. Also, limited seclusion and restraints as part of the treatment plan. Dorothea Dix is still certified by HCFA. It is true that if Dorothea Dix doesn’t submit a good plan of correction they will not be recertified.

Mr Hasselton from the Joint Commission visited Dorothea Dix Hospital after receiving articles in the News and Observer. During his day visit, he toured the facility plant, half of the patient areas and including medical surgical services. During his exit conference he indicated that the treatment planning was good, nursing and treatment assessment looked very good employer files look good overall he stated, “ he had a good feeling for this place, this is a good organization not like most state hospitals. Its clear a lot of work has been done in recent months”. Mr. Hasselton did note a number of areas needing improving ranging from more activity on weekend/holidays and flexible staff according to patient necessity. Dr. Stelle reported that when the Joint Commission comes next May or June they will be in good standing. The vacancy positions at Dorothea Dix Hospital are being filled. Dr. Stelle reviewed admissions, discharges, and average length of stay and average daily census handout.

Dorothea Dix will be opening a Day Care Center on campus. This center will be located in the old Credit Union Building on Dorothea Dix campus. It will serve forty-two children from infants to pre-school age. The Day Care will be open 24hrs to accommodate all shifts. The Governor plans to dedicate the Day Care Center the 15th of December.

Legislative Report (Michelle Cotton, MH/DD/SAS)

Ms. Cotton gave an update on 1999-2000 Session of the North Carolina General Assembly. Ms. Cotton referred to the handout and reviewed the Comprehensive Report that was enacted during the Legislative 1999- 2000 session, the Appropriations identified in House Bill 1840, which is the Appropriation Bill for

the State of North Carolina in addition to the block grants and the special provisions, which accompany some of the direct appropriations. Also, included other departmental provisions. The report is divided into five parts. Ms. Cotton reviewed all parts of this report. (Refer to handout)

NC Youth Action Plan (Flo Stein)

Mrs. Stein introduced the new Governors plan for Child Substance Abuse Services. Mrs. Moore is representing the Commission who has been appointed to the task group. North Carolina, under the leadership of Governor Jim Hunt, has made enhancing health, education, juvenile justice and social service for children a focal point of state programming and policies. Now, as the state prepares to address increasing rates of youth substance abuse, NC is in a strong position to build on existing services and create new programming designed specifically to address adolescent alcohol and other drug use. Based on research generated from state reports and over 50 structured interviews with key state officials, criminal justice experts, treatment providers and prevention professionals, Drug Strategies found that the two most critical areas of need in NC are improving school-based substance abuse prevention programming and increasing treatment capacity for adolescent substance abusers in both community and justice settings. National Alcohol and Drug Recovery month is September. The focus is on children and children recovery. September 23, there will be a Youth Rally at the Capital Building.

The next meeting will be held November 13 and 14, 2000 and location will be announced. The Brownstone Hotel is not available.

Mrs. Moore adjourned the meeting.

Respectfully Submitted,

Jill Newkirk
Recording Secretary